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# Health and Wellbeing Board

## Monday 9 November 2026 at 6.00 pm

Conference Hall - Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

Please note this meeting will be held as an in person meeting which all Board members will be required to attend in person.

**The meeting will be open for the press and public to attend. Alternatively, the meeting can be followed via the live webcast HERE.**

## Membership:

| | |
|---|---|
| Councillor Grahl (Chair) | Council member |
| Rammya Mathew (Vice-Chair) | Primary Care |
| Councillor M Butt | Council member |
| Councillor Chadha | Council member |
| Councillor Dixon | Council member |
| Councillor Rubin | Council member |
| Radhika Balu | West and North London Integrated Care Board |
| Robyn Doran | Brent Integrated Care Partnership Executive |
| Simon Crawford | Brent Integrated Care Partnership Executive |
| Jackie Allain | Brent Integrated Care Partnership Executive |
| Patricia Zebiri | HealthWatch Brent |
| Kerry Richards | Care and Residential Sector Representative |
| Susana Carvalho | Care and Residential Sector Representative |
| Ruth Du Plessis | Brent Council - Non-Voting |
| Rachel Crossley | Brent Council - Non-Voting |
| Kim Wright | Brent Council - Non-Voting |
| Nigel Chapman | Brent Council - Non-Voting |
| Claudia Brown | Brent Council - Non-Voting |

**Substitute Members (Brent Councillors)**
Councillors:

Amadi, Johnson, Kelcher and Knight

Councillors:

Chowdhury and Kansagra

recycle for Brent

**For further information contact:** Hannah O'Brien, Senior Governance Officer
Tel: 020 8937 1339; Email:hannah.o'brien@brent.gov.uk

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit: **www.brent.gov.uk/democracy**

**Notes for Members - Declarations of Interest:**

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

(a) **Employment, etc. -** Any employment, office, trade, profession or vocation carried on for profit gain.

(b) **Sponsorship -** Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.

(c) **Contracts -** Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.

(d) **Land -** Any beneficial interest in land which is within the council's area.

(e) **Licences-** Any licence to occupy land in the council's area for a month or longer.

(f) **Corporate tenancies -** Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.

(g) **Securities -** Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:

- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

(b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest.
-

# Agenda

Introductions, if appropriate.

**Item** Page

**1 Apologies for absence and clarification of alternate members**

For Members of the Board to note any apologies for absence.

**2 Declarations of Interest**

Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.

**3 Minutes of the previous meeting** To follow

To approve as a correct record, the attached minutes of the previous meeting held on 17 September 2026.

**4 Matters arising (if any)**

To consider any matters arising from the minutes of the previous meeting.

**5 Best Start Family Hubs Annual Report** To follow

To provide an overview of the Best Start Family Hubs Annual Report, highlighting key achievements, challenges and priorities.

**6 Brent Gambling Harms Prevention Strategy** 1 - 36

To present the Draft Brent Gambling Harms Prevention Strategy for endorsement before progression to Cabinet.

**7 Child Death Overview Panel Annual Report** 37 - 58

To present the Child Death Overview Panel Annual Report, including key themes, learning and recommendations.

**8 Winter Planning 2026-27** To follow

To discuss key priorities and planned activity for winter 2026.

## 9 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Deputy Director – Democratic and Corporate Governance or their representative before the meeting in accordance with Standing Order 60.

**Date of the next meeting: Thursday 21 January 2027**



Please remember to turn your mobile phone to silent during the meeting.

- The meeting room is accessible by lift and seats are provided for members of the public on a first come first served basis.

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|---|---|
| Brent NHS West and North London | **Brent Health and Wellbeing Board**<br>9 November 2026 |
| | **Report from the Corporate Director of Service Reform and Strategy** |
| | **Cabinet Member for Community Safety and Public Health** |

# Brent Gambling Harms Prevention Strategy 2026-2030

| | |
|---|---|
| **Wards Affected:** | All |
| **Key or Non-Key Decision:** | Key |
| **Open or Part/Fully Exempt:**<br>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act) | Open |
| **List of Appendices:** | Appendix A - Brent Gambling Harms Prevention Strategy 2026-2030<br>Appendix B - Equality Impact Assessment |
| **Background Papers:** | Gambling Needs Assessment 2024<br>High streets at stake: The rise of Adult Gaming Centres |
| **Contact Officer(s):**<br>(Name, Title, Contact Details) | Ruth du Plessis<br>Interim Director of Public Health and Leisure<br>Ruth.du-Plessis@brent.gov.uk<br>020 8937 3411<br><br>Katie Shevas<br>Change and Improvement Officer- Policy<br>Katie.Shevas@brent.gov.uk<br>020 8937 1040 |

## 1.0 Executive Summary

1.1 This report shares the draft Brent Gambling Harms Prevention Strategy 2026-2030 for comment and endorsement by the Health and Wellbeing Board. This strategy will also go to Cabinet for approval.

1.2 Brent is already leading from the front on gambling harms prevention. We conducted a gambling Joint Strategic Needs Assessment in 2024, which gave a clear insight into the high level of gambling and gambling harm within the borough and highlighted the need for intervention. In response, the Council has spearheaded a national campaign to lobby government to grant local authorities greater powers to prevent the proliferation of gambling venues on our high streets- this campaign has led to the government recently announcing a series of key changes.

1.3 The purpose of this strategy is to build on this strong foundation of leadership and set out a clear programme of action for the coming years. The strategy seeks to continue our role in driving change nationally, and to bolster our local approach to preventing and tackling the harm caused by gambling. The strategy is focused on strengthening our local offer of prevention, early intervention and support and challenging the wider systems and environments that contribute to gambling-related harm. It seeks to establish stronger partnership working, recognising the role we all must play in tackling gambling harm.

## 2.0 Recommendation(s)

2.1 The Health and Wellbeing Board is asked to endorse the Gambling Harms Prevention Strategy 2026-2030, which will also go to Cabinet on 7 December 2026.

## 3.0 Detail

### 3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 The new Council Plan, which will be considered by Cabinet on 9 November 2026 and Full Council on 16 November 2026, sets out three priorities that will guide everything Brent Council does as an organisation. Subject to the Plan being approved by Council, this strategy will directly support delivery of two of these priorities.

3.1.2 Under 'A borough to be proud of', the strategy will contribute to the 'Thriving town centres and high streets' focus area. The strategy directly ties into one of the commitments set out in this focus area; to continue to take strong action to reduce the concentration of premises that undermine community wellbeing, including gambling arcades. By strengthening our commitment to preventing the proliferation of gambling premises and creating stronger mechanisms to do so, we will contribute to high streets that better meet the needs of our communities and increase pride in our high streets and town centres.

3.1.3 The strategy will also support 'A borough where people thrive', particularly the 'Healthy and active communities' focus area. Within this focus area, the Council commits to work to reduce health inequalities and make it easier to access early support. The strategy adopts a public health approach, recognising that gambling harm can have significant and far-reaching impacts on the health and wellbeing of individuals, families and communities. We will strengthen pathways into appropriate support for those experiencing gambling harm, while taking action to prevent harm from occurring in the first place.

### 3.2 Background

<u>Context</u>

3.2.1 We know that Brent residents are disproportionately affected by gambling harm. Brent is among the areas with the highest number of gamblers who experience the most negative consequences as a result of gambling. 17.1% of people in

Brent are considered to be gambling with a low-level of risk (vs 13.4% in the rest of the country), while 6.2% are considered to be gambling with the highest level of risk (compared with 2.9%). The economic cost of gambling in Brent was estimated at £14.3 million in 2022 – a sevenfold rise from £2 million in 2012 – ranking it among the most affected boroughs for fiscal gambling related-harm. Brent also has one of the highest number of gambling premises in London.

3.2.2 Brent's demographic profile matches many of the risk groups most likely to gamble and/or experience harms from gambling. Brent has a younger than average population, high numbers of ethnically diverse communities, and is ranked the fourth most deprived borough in London.

3.2.3 In recognition of the impact of gambling in Brent, work has been ongoing to get a better understanding of gambling in the borough. To build a clearer picture of gambling harms in Brent, we conducted a Joint Strategic Needs Assessment, drawing on evidence and qualitative research to demonstrate the extent and impact of gambling in the borough. Brent also commissioned a report by the Social Market Foundation on the impact of Adult Gaming Centres (AGCs), which explored the rise of AGCs and recommended ways local authorities could be empowered to tackle gambling-related harm on our high streets.

3.2.4 Alongside this, we established a sustained public affairs campaign, lobbying decision makers to strengthen local powers and to take action to reduce the harm gambling causes our communities. In 2025, the Leader of the Council wrote an open letter to the government on gambling harms. Signed by 39 other local authorities, mayors and campaign groups, the letter called for stronger local powers. We have consistently raised the issue of gambling harm, creating and sustaining a national conversation about the challenges people are facing and the need for change. On 11 August 2026, the government announced its intention to revoke the 'Aim to Permit' rule, giving councils stronger power to refuse applications for new gambling premises. The government also announced its intention to require planning permission for AGCs, making it harder for new venues to open. These changes are due to come into effect in early 2027.

Funding

3.2.5 The Office for Health Improvement and Disparities has awarded Local Authority Public Health Teams some funding to support the delivery of needs assessment and strategy development. The national programme covers 2026/27 and 2027/28. The strategy will guide the prioritisation of this funding in line with local need and the agreed programme requirements.

Developing the strategy

3.2.6 The strategy was developed through the use of existing data and insight, and a series of engagement exercises designed to identify and refine the key strategic priorities.

3.2.7 Key engagement exercises included a Gambling Strategy workshop which brought together partners, including Betknowmore UK, B3 (Brent's peer support and advocacy drug and alcohol service), staff and residents with lived experience of gambling harm. The workshop provided an opportunity to explore local priorities, experiences and perspectives, helping to inform the overall direction of the strategy and identify emerging priorities.

3.2.8 A series of focused priority scoping meetings were then held with key staff, with each session centred on an emerging strategic priority. These meetings were used to further develop the priorities, clarify the intended ambitions and identify the actions required to support their delivery.

3.2.9 The strategy has also been informed by:

- Brent's Gambling Joint Strategic Needs Assessment
- Published evidence and research on gambling and gambling harms
- The Social Market Foundation's report commissioned by Brent on Adult Gaming Centres
- National guidance, including from the Office for Health Improvement and Disparities

3.2.10 The draft strategy was shared for feedback with a range of key stakeholders, including gambling charities, local organisations who support residents with lived experience of gambling harms, all members of the Health and Wellbeing Board and key officers.

The strategic priorities

3.2.11 Our ambition is for Brent to be a borough where fewer people experience gambling-related harm, support is available early and without stigma, and organisations work together to prevent harm before it occurs. The strategy takes a public health approach. This means looking beyond individual gambling behaviour to the wider factors that influence harm, including gambling products and industry practices, local availability and exposure, socioeconomic circumstances and national and local policy.

3.2.12 Below are the 4 strategic priorities proposed in the draft strategy, with a brief description of what this means:

**Priority 1: Raising awareness and driving change**

We will raise awareness and understanding of gambling-related harms across Brent through communications and educational campaigns and help those impacted by gambling harms via support pathways. Alongside this, we will continue to advocate for stronger government legislation and local powers to reduce gambling-related harm in our communities.

**Priority 2: Embedding a data-led approach**

Data will be at the core of our approach to tackling gambling harms. We will build a robust local evidence base on gambling related harm in Brent to guide

decisions for future interventions and support. This will also strengthen our ability to refuse planning and licensing applications for gambling presences in the borough.

**Priority 3: Regulation, planning and enforcement**

To reduce the harms caused by gambling, we also need to reduce one of the causes – gambling premises. We will make robust, lawful and proportionate use of the Council's available planning, licensing and enforcement powers to address gambling-related risks and support safe, diverse and sustainable high streets.

**Priority 4: Improving pathways to support**

We will work with partners, support services, and colleagues across the Council to strengthen our processes for earlier identification of individuals at risk of experiencing gambling harms. Anyone at risk will have access to newly developed clearer, and more effective pathways to support.

Delivering the strategy

3.2.13 To support the successful delivery of the strategy, the following activities are initially planned:

**Action plan**

A detailed action plan will be developed, setting out the specific activities that will take place to achieve each priority. This will include lines of responsibility and set clear timescales for delivery.

**Gambling Harms Partnership**

Tackling tackle gambling harm in Brent will require strong partnership working, with organisations across the borough, coming together to coordinate activity, share expertise and take collective action. The draft strategy proposes establishing a Gambling Harms Partnership, bringing together Council services and key partners, including the NHS and VCFSE sector. Its role will include providing local leadership, supporting effective partnership working and monitoring progress against the strategy.

Next steps

3.2.14 Subject to endorsement by the Health and Wellbeing Board, the strategy will be considered by Cabinet on 7 December.

## 4.0 Stakeholder and ward member consultation and engagement

4.1 Engagement with stakeholders took place throughout the process for developing the strategy. As detailed in section 3.2.6 a workshop with various

stakeholders was held to establish the key themes that the strategy could address. Subsequent scoping meeting with staff were then conducted to refine these themes into focused priorities.

4.2 The draft strategy was shared for consultation with a range of key stakeholders, including gambling charities, local organisations who support residents with lived experience of gambling harms, partners on the Health and Wellbeing Board and key officers.

## 5.0 Financial Considerations

5.1 This report seeks endorsement of the Gambling Harms Prevention Strategy 2026-2030.

5.2 Brent has been awarded funding through the Office for Health Improvement and Disparities (OHID) Gambling Harms Prevention Grant for 2026/27. A spending plan has been submitted to OHID with the grant progress update, covering expenditure to date and forecast expenditure for the remainder of 2026/27.

5.3 Funding will be used for eligible gambling harms prevention activity, with payments made within 2026/27 in accordance with the memorandum of understanding. Funding is not transferable between financial years, and unspent or ineligible funding may be recovered.

5.4 The national funding programme covers 2026/27 and 2027/28. Brent's allocation for 2027/28 is not confirmed, and funding is not secured for the full strategy period. Continuing staffing and contractual commitments will require confirmed funding and will be reflected in the Council's medium-term financial forecast.

## 6.0 Legal Considerations

6.1 The Council has power to adopt and implement the Gambling Harms Prevention Strategy as part of its public-health, community-wellbeing, licensing, planning, safeguarding and partnership functions. The Strategy is a high-level policy framework. Its adoption does not alter the statutory tests applying to individual planning, licensing, enforcement, social-care or safeguarding decisions, each of which must continue to be taken in accordance with the relevant legislation, statutory guidance and the particular evidence available.

6.2 Brent Council is the licensing authority for the purposes of the Gambling Act 2005. Under the legislation currently in force, the Council must exercise its gambling premises-licensing functions in accordance with relevant Gambling Commission codes and guidance, the statutory licensing objectives and the Council's published Statement of Principles. Section 153 of the Gambling Act 2005 presently requires licensing authorities to "aim to permit" the use of premises for gambling where the statutory requirements are satisfied. Accordingly, general concerns about gambling-related harm, the concentration of premises or local opposition cannot, without relevant supporting evidence

connected to the statutory licensing objectives, automatically justify refusal of an application. Each application must be considered fairly and on its individual merits, without predetermination.

6.3 On 11 August 2026, the Government announced its intention to revoke the “aim to permit” rule and to introduce planning controls requiring Adult Gaming Centres to obtain planning permission. These are proposed reforms and, pending the necessary consultation, legislation and commencement arrangements, do not change the law currently applicable to the Council’s decisions. The Council will monitor the development of the reforms and review its Gambling Statement of Principles, planning policies, local evidence base and decision-making procedures once the final legal framework is known.

6.4 Actions taken under the Strategy must represent a lawful, evidence-based and proportionate exercise of the Council’s powers. The Strategy must not be applied as a blanket policy against gambling operators or premises, and planning, licensing and enforcement powers should not be used for an improper purpose or as a substitute for powers available under another statutory regime. Decisions should identify the relevant legal power, take account of all material considerations, disregard immaterial considerations and be supported by adequate reasons and evidence.

6.5 The proposed collection, linkage and sharing of information about gambling-related harm may involve personal data and, in some circumstances, special category data concerning health, ethnicity or other sensitive matters. Before new collection or information-sharing arrangements are implemented, the Council and its partners must identify the applicable lawful basis and, where relevant, a condition for processing special category data; ensure that processing is necessary, proportionate, fair and transparent; apply data-minimisation, retention and security requirements; and put appropriate information-sharing agreements and privacy information in place. A Data Protection Impact Assessment must be completed where the proposed processing is likely to present a high risk to individuals. Wherever practicable, monitoring and evaluation should use anonymised or appropriately aggregated information.

6.6 In approving and implementing the Strategy, the Council must comply with the Public Sector Equality Duty under section 149 of the Equality Act 2010 by having due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. The accompanying Equality Impact Assessment should remain under review as the action plan and individual interventions are developed. Communications, engagement and pathways to support should be accessible, avoid stereotyping particular communities and include reasonable adjustments where required.

6.7 The Strategy does not itself create an entitlement to specific care, support or safeguarding intervention. Where gambling-related harm becomes apparent, the Council must consider whether duties are engaged under the Care Act 2014, children’s safeguarding legislation or other relevant statutory frameworks. Any assessment, safeguarding enquiry or service provision will

remain subject to the applicable statutory criteria, individual circumstances, professional assessment and lawful commissioning arrangements. Gambling behaviour or an apparently unwise financial decision does not, without more, establish that a person lacks capacity under the Mental Capacity Act 2005.

6.8 Any commissioning, grant-funding or partnership arrangements arising from the Strategy must comply with the Council's constitutional and financial procedures and all applicable procurement, subsidy-control, contractual and information-governance requirements. The proposed Gambling Harms Partnership should operate under clear terms of reference setting out its membership, remit, accountability, decision-making and reporting arrangements. It should not fetter the discretion of the Council's statutory decision-makers or be treated as having authority to determine individual licensing, planning, safeguarding or service-entitlement matters.

## 7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 The Public Sector Equality Duty, as set out in section 149 of the Equality Act 2010, requires the Council, when exercising its functions, to have "due regard" to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, to advance equality of opportunity and foster good relations between those who have a "protected characteristic" and those who do not share that protected characteristic. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The council also internally recognises care experience and socio-economic status as protected characteristics.

7.2 The strategy has been subject to an EIA (Appendix B) and officers believe that there are no adverse equality implications. The strategy is expected to have positive impacts on all residents who are affected by gambling. In particular it is expected to have positive impacts on groups most vulnerable to the harm caused by gambling, including young people, men, multiethnic groups and those experiencing socio-economic disadvantage and poverty

## 8.0 Climate Change and Environmental Considerations

8.1 There are no climate change and environmental considerations for this report.

## 9.0 Communication Considerations

9.1 Communications will play an important role in supporting the delivery of the Gambling Harms Prevention Strategy, particularly through Priority 1: Raising awareness and driving change. A borough-wide communications campaign will be developed to increase awareness and understanding of gambling-related harms, challenge stigma and ensure residents know where they can access help and support. This will bolster our existing public affairs work, expanding our communications focus beyond lobbying. Work is ongoing with the Communications Team to develop the approach.

***Report sign off:***

***Rachel Crossley***
Corporate Director of Service Reform and Strategy

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# Brent Gambling Harms Prevention Strategy

2026-2030

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# Foreword

I am proud to introduce Brent's first Gambling Harms Prevention Strategy, which sets out our vision for a borough where fewer people experience harm from gambling, where people can access support early and without stigma, and where we work together to prevent harm before it happens.

The harm caused by gambling is a significant public health issue, and one that can too often remain hidden. Its impact can be devastating, affecting people's mental and physical health, financial security, relationships, employment and housing. The consequences can also reach far beyond the individual, affecting families, children and our wider communities.

We know that people in Brent are affected by gambling-related harm, and we are determined to do more. We have already taken a stand, calling on government to give councils greater powers to prevent the proliferation of gambling premises and better protect our high streets and communities. In July, councillors for all political groups unanimously passed a motion declaring a gambling harms emergency in Brent and committing to develop a Gambling Harms Strategy. This strategy delivers on that commitment, setting out how we will strengthen prevention, improve access to support and take stronger action to reduce gambling-related harm across Brent.

We cannot tackle this issue alone. We will work alongside residents, communities, the NHS, voluntary, community, faith and social enterprise organisations, and other partners to make sure people know where to turn for help and feel able to ask for it. We will work together to reduce inequalities, challenge stigma and make support easier to access.

Our ambition is simple: a Brent where people can enjoy their lives without experiencing gambling-related harm, where those who need help can get it early, and where no one affected by gambling feels they have to face it alone.



Councillor Liz Dixon

Cabinet Member for Community Safety and Public Health

# Introduction

This is Brent's first Gambling Harms Prevention Strategy. The strategy provides the high-level framework for our approach to tackling gambling harms in Brent, setting out our vision and priorities. It sets out our commitment to adopting a public health approach to preventing and reducing gambling-related harm across the borough. It describes how we will work to reduce risk, intervene earlier and make the best use of the powers and resources available to us across the Council to improve outcomes.

We've already led national efforts to lobby the government to grant local authorities more control over the gambling establishments in their area. In 2025, the Leader of the Council wrote an open letter to the government. Signed by 39 other local authorities, mayors and campaign groups, the letter called for reform to the powers councils have to prevent the proliferation of gambling venues on our high streets. We have consistently raised the issue of gambling harm, creating and sustaining a national conversation about the challenges people are facing and the need for change. Brent's work contributed to the national debate about the powers available to councils to address the concentration and impact of gambling premises. In August 2026, the Government announced proposals to strengthen licensing and planning controls.

Alongside this work, we have begun to build a picture of gambling harms in Brent, including through a Joint Strategic Needs Assessment, and commissioning a report by the Social Market Foundation on the impact of Adult Gaming Centres.

This strategy builds on this strong foundation of leadership and sets out a clear programme of action for the coming years to both continue our role in driving change and create a more coordinated local approach to tackling the harm caused by gambling. It builds on the Council's commitments to take action on the proliferation of gambling premises in the borough and to adopt a preventative approach to tackling health inequalities.

We recognise that gambling harms are a complex, and often a taboo subject, meaning that many harms remain hidden. It is therefore essential that we change the narrative around the harms that gambling cause and shift blame away from individuals. Our ambition is for Brent to be a place where gambling-related harm is reduced and people have timely access to appropriate support, with Council services, partners and residents working collectively to support individuals without stigma.

This strategy covers four key priorities for addressing gambling harms in Brent:




We have developed this strategy using the best available evidence alongside the experiences of people who live and work in Brent. We have brought together findings from our Joint Strategic Needs Assessment, engagement with residents, workshops with partners and staff, published research, guidance from the Office of Health Improvement and Disparity (OHID) and conversations with people who have lived experience of the harms of gambling. This has built a clear picture of gambling and gambling-related harm across the borough and gives us a strong case for change.

# What are gambling-related harms?

Gambling is an activity which involves risking money or something of value on an uncertain event or outcome, with the hope of winning more. This includes gaming (for example slot machines, card games and casino games), betting, bingo and lotteries. The risk of harm varies according to the product, its design and accessibility, patterns of participation, marketing and the circumstances of the individual and community.

Gambling harm is the negative impact that gambling has on the mental, physical and financial health and wellbeing of individuals, families, communities and society. Research shows that 2.7% of UK adults, around 1 in 37, experience problem gambling[i]. This means that they have experienced severe negative consequences as a result of gambling.

Research shows that the harms associated with gambling can be wide-ranging. **Gambling harms don't just affect the person who gambles**. They can impact their families, friends and wider society (known as 'affected others'). Affected others can experience the same types of harm at the same severity as those experienced by the individual who is gambling.

## Types of harm include:

| | |
|---|---|
| Health | Studies show that harms to health for an individual who gambles can include sleep problems, neglecting proper personal care, and experiencing emotions such as guilt, shame, loss of self-esteem and loneliness. Heavy gambling is associated with over 35% increased mortality rates[ii]. Deaths from suicide are significantly higher among adults with gambling disorder[iii]. |
| Financial | This is the most direct form of harm experienced by gamblers and their affected others. Financial difficulties due to gambling can result in bankruptcy, relationship problems, mental health issues and homelessness[iv]. |
| Relationships | It is estimated that, for every person who is directly affected by their own gambling, there is, on average, six more people indirectly affected[v]. Evidence shows that those engaging in problem gambling experience lower levels of family functioning, including arguments, relationship strain and domestic abuse. |
| Employment and education | Performance at work, school or university can be affected by gambling. Children of gamblers can experience difficulties at school due to a chaotic home life. Gambling has been shown to increase the risk of absenteeism, job turnover and withdrawal from education. |
| Crime | There is low to moderate evidence that links gambling with criminal activity. This data is extremely hard to quantify as the crime is often recorded for what it is, but rarely includes what motivated the crime. Crimes committed by gamblers often involve theft or fraud – usually as a way to pay off accumulated debts.[vi] |

Gambling harms do not always present as an obvious or immediate problem. They can develop gradually, may be difficult to recognise and can remain hidden until they become more serious. Sometimes people are not aware themselves of how harmful their gambling has become until they are experiencing severe harm and even then, some people are unable to stop. Gambling is also not always the presenting cause of a person's difficulties. Someone may initially seek support for issues such as financial problems, debt, relationship difficulties, poor mental wellbeing or housing insecurity, with gambling only identified as an underlying or contributing factor later.

## People more likely to be affected by gambling harms[vii]

Though gambling harms can affect anyone, they are most strongly experienced by men and those living in areas with higher levels of deprivation. Experiences of gambling harms often coexist alongside other difficulties like mental health issues and substance misuse.

**Gender**

Numerous studies have shown that men gamble at a higher rate than women. Research also shows that men are more likely to gamble as a habitual activity. However, while women are less likely to gamble than men, the gender gap is shrinking as the number of women who gamble, particularly online, is on the rise. Women with online gambling accounts were recently found to spend more time on each session than men. Nearly half of women who gamble say they do so in the hope of winning money to help with the cost of living. There are also differences in how men and women are targeted by gambling companies (men through sport and women through bingo for example) but always with the aim of getting people into high risk fast paced forms of gambling.

**Ethnicity**

Some research indicates differences in the prevalence and severity of gambling-related harm between ethnic groups. Some research shows that people from ethnic minority groups are more likely to experience gambling harm than white populations.

**Deprivation**

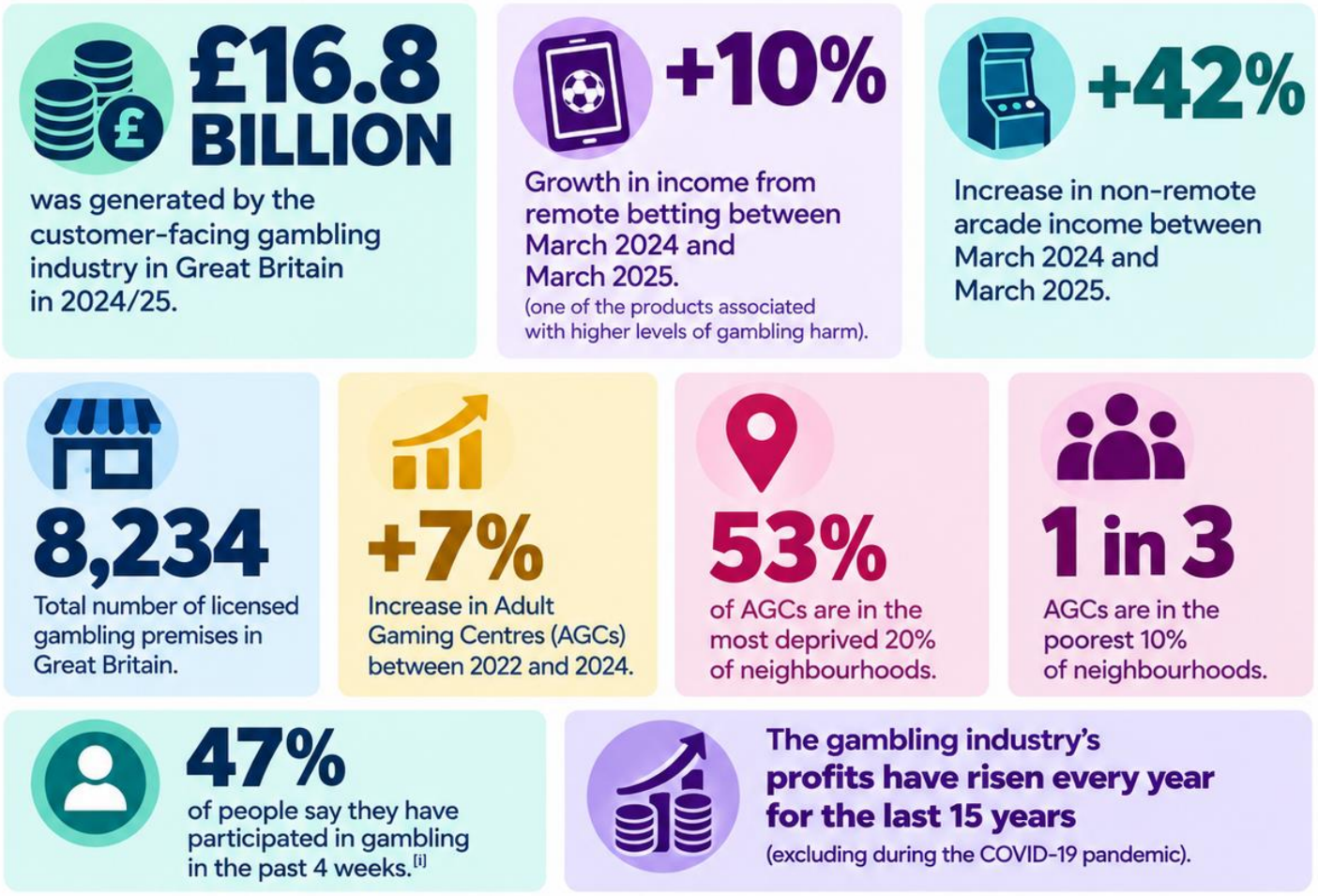
Studies have shown that many gambling premises are often located near potentially vulnerable populations in the most deprived areas. A 2020 report[viii] found that 21% of the UK's gambling premises were based within the most deprived decile in the country, while just 2% were in the least deprived decile. People living in the most deprived areas are more likely to gamble compared to those in the least deprived, and more likely to experience gambling problems. Their gambling activities also differ – those living in more deprived areas are more likely to gamble on faster-paced games such as scratch cards or slot machines, while those living in less deprived areas are more likely to bet on sport activities.

**Age**

Age is another factor associated with the likelihood of experiencing gambling harms. While participation in gambling is lowest amongst 16-24 year-olds, they are more than three times as likely to experience the most extreme levels of gambling-related harm.

# Where we are now

## The national picture[ix]




## Regulation and licensing of gambling in the UK

Around 28% of gambling is done in-person rather than on digital platforms. The Gambling Act 2005 regulates gambling in Great Britain. Under the Act, local authorities are responsible for issuing licences for land-based gambling premises (including bookmakers, adult gaming centres and bingo halls). The Gambling Commission regulates commercial gambling at national level, while local licensing authorities exercise premises-licensing, compliance and enforcement functions under the Act.

Under the Gambling Act 2005, Brent Council is the licensing authority for gambling premises in the borough. In exercising its premises-licensing functions, the Council must apply the statutory licensing objectives, relevant Gambling Commission codes and guidance, and its published statement of principles. The current legislation requires licensing authorities to 'aim to permit' premises use where the statutory criteria are met. General public-health concerns or local opposition are not, by themselves, freestanding grounds for refusal, although robust local evidence may be relevant where it demonstrates a connection with the statutory licensing objectives, including protecting children and other vulnerable persons from harm or exploitation.

On 11 August 2026, the government announced its intention to revoke the statutory 'aim to permit' rule and proposed that Adult Gaming Centres should require planning permission. At the date of this strategy, the detail and timing of these measures remain subject to consultation, legislation and commencement arrangements. The Council will monitor developments and review its approach when the final legal framework is confirmed.

## Gambling in Brent

### What we already know[x]

Brent's demographic profile matches many of the risk groups most likely to gamble and/or experience harms from gambling. Brent has a younger than average population, high numbers of ethnically diverse communities, and is ranked the fourth most deprived borough in London; all of which are risk factors which could result in experiencing increased gambling harm. These characteristics may intersect with other social, economic and individual factors associated with gambling-related harm, but experiences and levels of risk are not uniform within or between communities.

Available estimates indicate that Brent may have comparatively high levels of gambling-related harm as measured using the Problem Gambling Severity Index (PGSI), a screening tool used to assess gambling behaviour and associated risk in the general population. 17.1% of people in Brent are considered to be gambling with a low-level of risk (vs 13.4% in the rest of the country), while 6.2% are considered to be gambling with the highest level of risk (compared with 2.9%). The economic cost of gambling in Brent was estimated at £14.3 million in 2022 – a sevenfold rise from £2 million in 2012 – ranking it among the highest boroughs for fiscal gambling related-harm.

Brent has one of the highest numbers of gambling premises in London. In some wards, it is easier to find a place to gamble than a major supermarket. In 2025, Brent Council commissioned a report from the Social Market Foundation which explored the rise of Adult Gaming Centres and made recommendations on ways local authorities should be empowered to tackle gambling-related harm on our high streets. The report found that some professionals supporting vulnerable people in Brent believe that clusters of gambling venues in the borough have a detrimental impact on the community

In Brent, gambling premises tend to be clustered in more deprived areas, particularly around Harlesden, Kensal Green, Kilburn and Wembley Central, which all boast busy high streets and good transport links. In Harlesden, there are seven betting shops within 600m, and ten in a mile stretch in Willesden.

# Our approach to change

The evidence is clear: stronger action is needed to prevent and reduce gambling-related harm in Brent.

Our ambition is to create a borough where fewer people experience gambling-related harm, support is available early and without stigma, and organisations work together to prevent harm before it occurs.

A public-health approach recognises that gambling carries differing levels of risk and that harm is shaped by the interaction between products, industry practices, availability, marketing, social and economic conditions and individual circumstances. Prevention should therefore include proportionate population-wide, targeted and individual interventions.

Brent recognises that gambling-related harm can arise from a complex interplay between gambling products, industry practices, government policy, local conditions, and individuals' circumstances and exposure, rather than from individual behaviour alone.

# Our priorities




Our priorities for tackling gambling-related harms in Brent have been developed through engagement with partners, staff and peer workshops, data analysis, conversations with people who have lived experience and published research, and guidance from OHID. They set out our commitment to making Brent a place where people understand the risks associated with gambling and where those experiencing gambling harms get the right support, at the right time.

Detailed actions, responsibilities, timescales and measures supporting each priority will be set out in the action plan and reviewed through the Gambling Harms Partnership.

## Priority 1: Raising awareness and driving change

We will raise awareness and understanding of gambling-related harm across Brent through communications and educational campaigns and support people affected by gambling harms through appropriate pathways. Alongside this, we will continue to advocate for stronger national legislation and local powers to reduce gambling-related harm in our communities. To achieve this, we will:

1. **Coordinate a borough-wide communications campaign** to increase awareness of gambling harms and the help available for both those gambling, and their affected others. Focused on Brent communities and targeted to specific groups where the data points to increased prevalence of gambling harm, we will work with our communities to raise awareness and understanding.
2. **Work with schools, colleges and youth services** to promote and provide sessions and resources which teach children how to understand and identify the risks and harms associated with gambling and what to do about it.
3. **Make clear our strong opposition to new gambling premises operating in Brent**, continuing our public affairs and communications activity to challenge the proliferation of gambling premises and highlight the harms gambling can cause to our communities.
4. **Continue to advocate for stronger powers for councils to tackle gambling harms**, including lobbying Government to deliver on its commitment to revoke the ‘Aim to Permit’ rule and to give councils greater powers to prevent the proliferation of gambling premises and challenge gambling providers.
5. **Take action on online gambling** where we can, including restricting access to online gambling sites when individuals are using council assets.

## Priority 2: Embedding a data-led approach

Data will be at the centre of our approach to tackling gambling harms. We will build a robust local evidence base to guide decisions for future interventions and support. This will support proportionate, evidence-based interventions and strengthen the evidence available to the Council when exercising relevant planning, licensing, public-health and enforcement functions. To achieve this, we will:

1. **Conduct a comprehensive review of our existing data** and insight to better understand what data is currently available, where gaps exist and where additional data may be required.
2. **Explore opportunities to strengthen our data collection** on gambling-related harm in our existing assessment, referral and recording systems.
3. **Strengthen data sharing arrangements** between internal services, organisations engaged by the council to provide service and external partners to improve the availability of data and insight.
4. **Use data to map geographic hotspots of harm** within the borough, to help us to better target interventions, demonstrate where gambling premises cause harm and to strengthen the decisions we make when considering planning and licensing applications for gambling premises.
5. **Use strengthened evidence and insight** to inform decision-making, target interventions and evaluate impact, including establishing robust baselines of data on gambling in Brent and enhance refusals to gambling premise applications.

Note: Data collected or shared in connection with this strategy will be handled lawfully, fairly, transparently and proportionately. Wherever practicable, monitoring and evaluation will use anonymised or appropriately aggregated information. Appropriate privacy, information-sharing and data-protection arrangements, including Data Protection Impact Assessments where required, will be completed before relevant activity is implemented.

## Priority 3: Regulation, planning and enforcement

To reduce the harms caused by gambling, we also need to reduce one of the causes – gambling premises. We will make robust, lawful and proportionate use of the Council's available planning, licensing and enforcement powers to address gambling-related risks and support safe, diverse and sustainable high streets. To achieve this we will:

1. **Review our planning policies**, with a particular focus on the ongoing review of the Brent Local Plan, which is a key mechanism to enable stronger powers to control the number and location of gambling venues.
2. **Review licensing policies** to maximise the powers we have to reduce the concentration of premises and take effective action against existing providers.
3. **Explore ways to improve how our planning policies and licensing policies work together** to strengthen our powers to refuse new gambling premises applications.
4. **Strengthen enforcement** of our policies, through increased monitoring of and where necessary intervention at gambling premises in the borough. This is with the aim of ensuring that operators are complying with our policies and the law and taking action where required to reduce harm to residents.

### Priority 4: Improving pathways to support

We will work with partners, support services and colleagues across the Council to improve early identification of gambling-related harm and establish clearer and more effective routes to appropriate support. To achieve this, we will:

1. **Work with partners, including through a new Gambling Harms Partnership, to review current support services** to identify where any gaps exist in meeting the support needs of people in Brent and where stronger partnership working may help to strengthen provision in these areas.
2. **Where gaps are identified, work with partners to develop, and where appropriate commission, a clearer and more comprehensive pathway of support**
3. **Map existing contact points** where gambling harm may become visible to the Council **and refine processes to better target intervention at the first opportunity**. This includes working to increase awareness in residents and partners of the range of support available, so that the right support can be sought and provided at the right time
4. **Ensure staff across the council**, including those working in housing, debt advice, social care and public health **receive robust training** on how to recognise gambling harms and where to signpost residents for support.

## How we'll get there

To support the delivery of our priorities, we will develop a detailed action plan setting out the specific actions, responsibilities and timescales needed to achieve the ambitions set out in this strategy. The strategy provides the high-level framework for our approach to tackling gambling harms in Brent, setting out our vision and priorities. The action plan will translate these ambitions into practical activity.

We know that we can't do this alone. The Office of Health Improvement and Disparities (OHID) has provided a framework of recommended approaches and will provide support to local areas in developing their plans. Delivery will take account of the respective responsibilities of the Council, NHS commissioners and voluntary-sector providers and will remain subject to relevant grant conditions, commissioning arrangements and available resources.

Delivery of this strategy will require strong partnership working, with organisations across Brent coming together to coordinate activity, share expertise and take collective action. To support this, a Gambling Harms Partnership will be formed, with membership from across the Council and key partners, including the NHS and VCFSE (Voluntary, Community, Faith and Small Enterprise sector). The primary purpose of this partnership will be to provide local leadership and ensure effective partnership working to address and reduce the impact of gambling harms in Brent. One of their key roles will be to monitor progress against this strategy.

### How we'll measure success

To evaluate the effectiveness of this strategy, we need ways to measure success. We know that there is limited local data available on gambling in Brent at present. This makes it challenging to establish an initial baseline of evidence from which to measure progress. One of the goals of Priority 2 is to establish baselines of data to enable future monitoring of gambling in Brent, and the effectiveness of the actions we take against it. We will continually update appropriate outcome measures within the action plan as data improves.

At the highest level, the outcomes we want to see are:

- **A reduction in gambling-related harm-** A reduction in the number and proportion of people in Brent experiencing gambling at levels associated with the most negative consequences, measured by the Problem Gambling Severity Index (PGSI)
- **Earlier access to support for residents at risk of or experiencing gambling harm**
- **Improved understanding of gambling-related harm**- amongst both staff and residents
- **Stronger regulation and compliance-** Improved compliance by gambling premises with their regulatory responsibilities, supported by an increased programme of targeted, risk-based and proportionate inspections.
- **Stronger management of the local gambling environment**- A stronger evidence base for assessing the number, location and concentration of gambling premises, particularly in areas experiencing higher levels of deprivation or gambling-related harm, and the lawful and proportionate use of the Council's planning, licensing, and enforcement powers where appropriate.

[i] Gambling Survey for Great Britain (Annual Report 2025): Official statistics
[ii] A-Public-Health-Approach-Responsible-Safer-Gambling.pdf
[iii] Gambling-related harms evidence review: summary - GOV.UK
[iv] Gambling-related harms evidence review: summary - GOV.UK
[v] Gambling Needs Assessment 2024
[vi] Gambling Harms in Greater Manchester – Strategic Needs Assessment
[vii] Gambling Needs Assessment 2024
[viii] The geography of gambling premises in Britain | School of Geographical Sciences | University of Bristol
[ix] Industry Statistics - Annual report - Financial year April 2024 to March 2025 - Official statistics

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**EQUALITY IMPACT ASSESSMENT (EIA)**

| | |
|---|---|
| **POLICY/PROPOSAL:** | Brent Gambling Related Harms Strategy |
| **DEPARTMENT:** | Service Reform & Strategy |
| **TEAM:** | Public Health |
| **LEAD OFFICER:** | Katie Shevas |
| **DATE:** | 07.10.2026 |

*EIA Guidance is available online, please reach out to equality@brent.gov.uk for any further support.*

**SECTION A – SCREENING**

1. Briefly and clearly describe the policy, proposal, change, or initiative, and what it is trying to achieve.

Brent is among the areas with the highest number of people gambling with the most negative consequences. We have over 80 licensed premises, one of the highest numbers in London. In some wards, it is easier to find a place to gamble than it is to shop in a major supermarket. Brent's demographic profile matches many of the risk groups most likely to gamble and/or experience harms from gambling – in particular, with its younger than average residents, high numbers of ethnically diverse communities, and being ranked the fourth most deprived borough in London. These factors all mean that stronger action needs to be taken to tackle gambling in Brent, to reduce the risk of harm to residents.

The Brent Gambling Harms Strategy 2026-2030 sets out our commitment to adopting a public health approach to preventing and reducing gambling-related harm across the borough. It describes how we will work to increase awareness of harms, reduce risk, intervene earlier, and make the best use of the powers and resources available to us to improve outcomes for those at risk of and experiencing harm from gambling.

2. Are there any groups who may be impacted by your proposal? For reference, Q4 lists all protected groups.

This strategy will impact all Brent residents affected by gambling harm, including those who gamble, and their affected others (someone who experiences negative personal, financial or emotional harm as a result of another person's gambling). Some people with protected characteristics, as evidenced in section 4, may be more susceptible to experiencing gambling harm and may therefore experience a greater impact as a result of the strategy. All Brent residents will be impacted by the general public awareness efforts included in the Strategy.

3. If no groups are affected, explain why.

N/A

4. Mark with an "X" the potential impact of the policy or proposal on different groups. You can mark more than one box for each group.

| Characteristic | IMPACT | | |
|---|---|---|---|
| | Positive | Neutral/None | Negative |
| **Age** - People of different age groups. | X | | |
| **Care Experience** - People who have been in care for any period of their childhood. | | X | |
| **Disability -** People with physical, sensory, learning, and mental health disabilities, long-term conditions, and non-visible disabilities. | | X | |
| **Gender reassignment** - Transgender and non-binary people, including anyone who is proposing to, started, or who has completed a process to change their gender. | | X | |
| **Marriage and Civil Partnership -** Applies mainly in the workplace, people who are married or in a civil partnership. | | X | |
| **Pregnancy and Maternity -** People who are pregnant, on maternity leave, or new parents. | | X | |
| **Race and Ethnicity -** People of different ethnicity, nationality, and skin colour. | X | | |
| **Religion or belief -** People of all faiths, and those with no religious belief. | | X | |
| **Sex -** Differences between men and women, including disparities in pay, career progression, and health outcomes. | X | | |
| **Sexual Orientation -** People who identify as lesbian, gay, bisexual, queer, asexual, or any other non-heterosexual identity. | | X | |
| **Socio-Economic Status –** People who are experiencing poverty or socio-economic disadvantage. | X | | |

| | | | |
|---|---|---|---|
| **Other relevant groups*** *[replace this text and specify where appropriate]* | | | |

* Other relevant groups could include Carers, Refugees or Asylum Seekers, Veterans, among others. Review the EIA Guidance for more information.

5. Complete **each row** of the checklist with an "X".

| **SCREENING CHECKLIST** | | |
|---|---|---|
| | **YES** | **NO** |
| Does the policy or proposal have implications for eliminating discrimination, advancing equality of opportunity, or fostering good relations among different groups? | **X** | |
| Does it relate to an area with known inequalities? | **X** | |
| Would it add, change, or remove services used by any groups listed in Q4? | **X** | |
| Does it have negative or positive equality impacts on any groups listed in Q4? | **X** | |
| **If you have answered YES to ANY of the above, proceed to section B.**<br>**If you have answered NO to ALL the above, proceed straight to section C.** | | |

**SECTION B – IMPACTS ANALYSIS**

6. What data and evidence have you used to understand potential impacts? This could include service user data where relevant. If there is little or no evidence, explain why, and note any plans to improve data collection in future, adding this to the Action Plan in Section E.

| |
|---|
| The development of the Gambling Harms Strategy has been informed by a range of qualitative and quantitative evidence. Evidence used to inform this assessment includes:<br>• Brent Joint Health Needs Assessment on Gambling<br>• Brent Open Data and other relevant local intelligence sources<br>• Conversations with those who have lived experience of gambling harm<br>• Engagement with partners, including Betknowmore |

7. For each characteristic:
    a. Provide detail for the impact listed in the response to Q4 in the left-hand box.
    b. Provide data and evidence to explain how you reached your conclusion in the right-hand box.

    Relevant data sources for Brent and its residents can be found in the EIA Guidance document.

| **Age** | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |
| The Strategy is expected to have a positive impact on people across different age groups, with particular benefits for children, young people and young adults, who can be more vulnerable to gambling-related harms.<br><br>The strategy's focus on prevention, early identification, improving awareness and access to appropriate support will help to reduce the immediate and longer-term impact of gambling, with particular benefits for groups where evidence indicates a greater vulnerability to gambling harm. | The Joint Strategic Needs Assessment indicates that while participation in gambling is lowest in 16-24 year olds, they are more than 3 times as likely to experience severe harm as a result of gambling.<br><br>Brent is a relatively young borough. According to the 2021 census, the median age of Brent residents is 35 years, lower than the England average of 40 years. Around 24% of residents are aged under 20, while approximately 12% are aged 65 and over.<br><br>Gambling Needs Assessment 2024<br><br>2021 Census - First release \| Brent Open Data |

| **Care Experience** | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |

| | |
|---|---|
| We do not have data to show that people with care experience are more likely to experience gambling harms. No specific impacts relating to care experience have been identified from this strategy. The Gambling Harms Strategy's commitments are intended to improve outcomes for all residents affected by gambling, regardless of care experience. | |

| **Disability** | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |
| We do not have data to show that those with disabilities are more likely to experience gambling harm. No specific impacts relating to disability have been identified from this strategy. The Gambling Harms Strategy's commitments are intended to improve outcomes for all residents affected by gambling, regardless of disability. | |

| **Gender Reassignment** | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |
| We do not have data to show that transgender or non-binary people are more likely to experience gambling harm. No specific impacts relating to gender reassignment have been identified from this strategy. The Gambling Harms Strategy's commitments are intended to improve outcomes for all residents affected by gambling, regardless of whether they are transgender of non-binary. | |

| **Marriage and Civil Partnership** | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |
| We do not have data to show that people in a marriage or civil partnership are more likely to experience gambling harm. No specific impacts relating to marriage or civic partnership have been identified from this strategy. However, it is worth noting that gambling harm can have a particular effect on families, with the harm from one member of the family gambling being felt by the wider family as | |

| | |
|---|---|
| well. The Gambling Harms Strategy's commitments are intended to improve outcomes for all residents affected by gambling, regardless of relationship status. | |

| **Pregnancy and Maternity** | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |
| We do not have data to show that people who have experienced pregnancy and maternity are more likely to experience gambling harm. No specific impacts relating to pregnancy or maternity have been identified from this strategy. The Gambling Harms Strategy's commitments are intended to improve outcomes for all residents affected by gambling, regardless of pregnancy or maternity. | |

| **Race and Ethnicity** | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |
| The strategy is expected to have a positive impact on people of all races and ethnicities, with particular benefits for multiethnic communities. Evidence indicates that people from multiethnic communities experience higher levels of potential and severe adverse consequences from gambling than white people.<br><br>The strategy's focus on prevention, early identification, improving awareness and access to appropriate support will help to reduce the immediate and longer-term impact of gambling, with particular benefits for groups where evidence indicates a greater vulnerability to gambling harm. | Gambling Needs Assessment 2024<br><br>The Joint Strategic Needs Assessment indicates that multiethnic groups gamble less than white groups, yet experience higher levels of harm. The impact of gambling on these groups intersect with other areas of disadvantage as well, including high deprivation and financial vulnerability.<br><br>Brent Census Atlas 2021 - Ethnicity \| Brent Open Data<br><br>Brent is one of the most ethnically diverse boroughs in England and Wales. According to Census 2021, approximately 64% of residents identified with Asian, Black, Mixed or Other ethnic groups, while around 36% identified as White.<br><br>Nomis - 2021 Census Area Profile - Brent Local Authority |

| Religion or Belief | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |
| We do not have data to show that those with a religion or belief system are more likely to experience gambling harm. No specific impacts relating to religion or beliefs have been identified from this strategy. The Gambling Harms Strategy's commitments are intended to improve outcomes for all residents affected by gambling, regardless of religion or belief. | |

| Sex | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |
| The strategy is expected to have a positive impact on all people, regardless of sex. However, there may be particular benefits for men. Evidence shows that men are likelier to have higher rates of gambling than women, are more likely to gamble as a habitual activity and are more likely than women to spend money when gambling online.<br><br>There is also early data which suggests that women may be more likely to take part if particular forms of gambling such as bingo, which are being targeted at this group. Women are also more likely to gamble with the hope of improving their financial situation.<br><br>The strategy's focus on prevention, early identification, improving awareness and access to appropriate support will help to reduce the immediate and longer-term impact of gambling, with particular benefits for groups where evidence indicates a greater vulnerability to gambling harm. | Gambling Needs Assessment 2024<br><br>In Brent, our qualitative data supports this quantitative trend. Men were likelier to take part in all types of gambling activity compared to women, whereas women – and in particular, women of Asian ethnicity - were more likely to say they had never gambled or taken part in any form of gambling. |

| Sexual Orientation | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |

| | |
|---|---|
| We do not have data to show that sexual orientation impacts likelihood of experiencing gambling harm. No specific impacts relating to sexual orientation have been identified from this strategy. The Gambling Harms Strategy's commitments are intended to improve outcomes for all residents affected by gambling, regardless of sexual orientation. | |

| **Socio-Economic Status** | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |
| The strategy is expected to have a positive impact on people, regardless of economic status. However, there will be particular benefits for those living in deprived areas. Evidence indicates that people experiencing higher levels of deprivation, experience higher levels of potential and severe adverse consequences from gambling than those living in the least deprived areas.<br><br>Studies have shown that many gambling premises are often located near potentially vulnerable populations in the most deprived areas. People living closer to gambling venues (less than 0.7km away) were twice as likely to be 'problem gamblers' than individuals living further away (more than 3.1km away). With 81 licensed premises, Brent has one of the highest numbers of gambling premises in London.<br><br>The strategy's focus on prevention, early identification, improving awareness and access to appropriate support will help to reduce the immediate and longer-term impact of gambling, with particular benefits for groups where evidence indicates a greater vulnerability to gambling harm. The strategy also priorities work to take a more robust approach to reducing the number of gambling premises in the Borough- especially in the most deprived areas. | Poverty & Inequality Data Brent \| Trust For London \| Trust for London<br><br>Brent has comparatively high levels of socio-economic disadvantage and poverty.<br>Data on poverty and inequality indicate that around 33% of Brent residents live in poverty, compared with 22% across England, and the child poverty rate is estimated to be 42%, significantly above both the England and London averages.<br><br>Evans and Cross, "The Geography of Gambling Premises in Britain" |

| **Other Relevant Groups** | |
|---|---|
| Provide detail for the impact listed in Q4. | Provide supporting data and evidence. |

| | |
|---|---|
| N/A | N/A |

8. Summarise any engagement activities with relevant groups (this may replicate some of the information listed in Q7). State whether those involved represent the people affected by your proposal, or whether more engagement is needed, which should be added to the Action Plan in Section E.

| |
|---|
| We have developed this strategy using the best available evidence alongside the experiences of people who live and work in Brent. We have brought together findings from our Joint Strategic Needs Assessment, engagement with residents, workshops with partners and staff, published research, guidance from the Office of Health Improvement and Disparity (OHID) and conversations with people who have lived experience of the harms of gambling. This has built a clear picture of gambling and gambling-related harm across the borough and gives us a strong case for change. |

9. Provide more detail on any areas identified as requiring further data or detailed analysis.

| |
|---|
| N/A |

**SECTION C – CONCLUSIONS**

10. Summarise your overall conclusions based on the analysis:
    - If there are no impacts, state that here, and **do not complete sections E or G.**
    - If you decide not to move forward, explain why, and **do not complete sections E or G.**
    - If there are negative impacts, explain what you'll do to reduce them. If you choose to continue despite negative impacts, or if negative impacts remain following your action plan, provide a justification for your decision.
    - If there are positive impacts, explain how these could be strengthened, where possible.

| |
|---|
| This strategy is expected to have positive impacts on all residents who are affected by gambling, with particular positive benefits on groups most vulnerable to the harm caused by gambling:<br>• Young people<br>• Men<br>• Multiethnic groups<br>• Those experiencing socio-economic disadvantage and poverty |

**SECTION D - RESULT**

| *Select one of the following options with an "X".* | | |
|---|---|---|
| **A** | **CONTINUE WITH THE POLICY/PROPOSAL UNCHANGED** | **X** |

| | | |
|---|---|---|
| **B** | **JUSTIFY AND CONTINUE THE POLICY/PROPOSAL** | |
| **C** | **CHANGE/ADJUST THE POLICY/PROPOSAL** | |
| **D** | **STOP OR ABANDON THE POLICY/PROPOSAL** | |

**SECTION E - ACTION PLAN AND MONITORING**

Unless your proposal has no equality impacts or you are not moving forward, complete the table below to track specific actions to:

- Reduce negative impacts and increase positive outcomes.
- Monitor actual or ongoing impacts.
- Record plans to improve data collection.
- Plan any further engagement or analysis that may be required.

Use the 'Status' column on the right to indicate whether the action is yet to start, is in progress, or has been completed.

| Issue Identified | Action | Lead Officer | Completion Date | Status |
|---|---|---|---|---|
| Positive impacts are anticipated for young people, those from multiethnic backgrounds, men and those experiencing poverty. These impacts will be dependent on successful implementation of the various priorities as set out in the strategy. | Review the EIA once implementation of the strategy has begun, updating the action plan to ensure that the anticipated impacts are felt, and that if any new equality impacts or evidence is identified it is reflected in the EIA. | Gambling Harms Strategy Delivery Officer | At first EIA review | Not started |
| Improve data collection | Use data collection methods to map geographic hotspots of harm to understand where gambling harms are most prevalent in the borough, and compare this with other data sets such as indices of deprivation. This will enable us to build a data backed picture of gambling harms across the borough. | Gambling Licensing Enforcement Officer | By the end of the strategy term | Not started |

11. Describe how you will monitor the actual, ongoing impact of the policy or proposal?

| |
|---|
| An action plan will be developed to deliver the strategic priorities. One of the goals the strategy is to establish baselines of data to enable future monitoring of gambling in Brent, and the effectiveness of the actions we take against it. We will continually update appropriate outcome measures within the action plan as data improves.<br><br>At the highest level, the primary outcome measure we will use at this early stage is to see a reduction in the number of people gambling with the most negative consequences in Brent (according to the PGSI scale). We will also hope to see a reduction in the number and concentration of gambling premises across the borough, which should result from stronger licensing enforcement measures and successful refusals against licensing and planning applications. |

**SECTION F – SIGN OFF**

| | Signature | Date |
|---|---|---|
| **Officer:** | Katie Shevas | 06.10.2026 |
| **Reviewing Officer or Head of Service** | Ruth du Plessis  | 07.10.2026 |

**SECTION G – REVIEW**

EIAs are live documents and should be reviewed regularly, especially if there are actions still to be completed or if the proposal has significant equality impacts.

When to review

- Review every 6 months until all actions in the Action Plan above are complete.
- If new data, feedback, or changes to the service arise, revisit the EIA to make sure it's still accurate.

Who should review

- The same officer who completed the EIA should carry out the review. If there's been a staffing change, the new lead officer should take over.

What to update

- Use the Status column in the Action Plan above to show progress (e.g. Not Started, In Progress, Completed). Add comments and updates in the table below — include any new data, evidence, or feedback.

When reviews can stop

- Once all actions are complete and no further equality impacts are expected, you can stop reviewing the EIA.
- Add rows to the table below as necessary until all actions are completed.

| **Date of 1st Review:** | |
|---|---|

| | |
|---|---|
| Officer: | |
| Comment on progress toward specific actions, and provide any data and evidence updates: | |
| Reviewing Officer or Head of Service: | |
| **Date of 2nd Review:** | |
| Officer: | |
| Comment on progress toward specific actions, and provide any data and evidence updates: | |
| Reviewing Officer or Head of Service: | |
| **Date of 3rd Review:** | |
| Officer: | |
| Comment on progress toward specific actions, and provide any data and evidence updates: | |
| Reviewing Officer or Head of Service: | |

| | |
|---|---|
| Brent<br>NHS<br>West and North London | **Brent Health and Wellbeing Board**<br>9 November 2026 |
| | **Report from Independent Chair of the Child Death Overview panel** |

# North West London Child Death Overview Panel Annual Report

| | |
|---|---|
| **Wards Affected:** | All |
| **Key or Non-Key Decision:** | N/A |
| **Open or Part/Fully Exempt:**<br>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act) | OPEN |
| **List of Appendices:** | Appendix 1 – NWL Child Death Panel Annual Report |
| **Background Papers:** | None |
| **Contact Officer(s):**<br>(Name, Title, Contact Details) | Chris Miller<br>Independent Chair of the Child Death Overview Panel<br>chris.miller@nhs.net |

## 1.0 Executive Summary

1.1 The rate of child and infant mortality in Nort West London has fallen by 9.7% since 2019.

1.2 The fall is not evenly distributed across the age range of children or the categories of death. Peri natal cases (children less than 28 days old) and chromosomal impacted deaths now account for 57% of NWL CDOP cases – this has risen from 44% four years ago.

1.3 25 cases involving Brent children were reviewed in 2025-2026. Up from 23 in the previous year.

1.4 Child deaths are not evenly spread across the population and some small communities have higher numbers than others. The link with deprivation is complicated , but may be real. However there are pockets of child death that may lead to further local analysis and action.

1.5 NWL analysis has identified a number of issues that apply across all eight boroughs of NWL.

## 2.0 Recommendation(s)

2.1 To note the NWL CDOP report

2.2 To see to what extent local specific action can be undertaken to combat future child death.

## 3.0 Detail

### 3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 The NWL CDOP report helps understand issues that haver an impact on the council priorities of

- Best Start in Life and
- Healthier Brent.

### 3.2 Background

3.2.1 There is a rich seam of data collected over a number of years which , if interrogated ,could enable Brent Partners to further contribute to the reduction in child mortality across the ICB footprint by tackling those issues and locations identified in the NWL that are susceptible to local action.

## 4.0 Stakeholder and ward member consultation and engagement

4.1 None

## 5.0 Financial Considerations

5.1 None.

## 6.0 Legal Considerations

6.1 None.

## 7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 Child mortality is not evenly spread across communities and locations evenly. The CDOP annual report identifies where differences lie. Local responses to those differences will further reduce child mortality.

## 8.0 Climate Change and Environmental Considerations

8.1 Not applicable.

## 9.0 Human Resources/Property Considerations (if appropriate)

9.1 Not applicable.

## 10.0 Communication Considerations

10.1 To be determined by Brent officers.

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North West London
Child Death Review Team
Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea, Westminster

# NWL Annual Report 2026

Chris Miller

Brent Health and Wellbeing Board

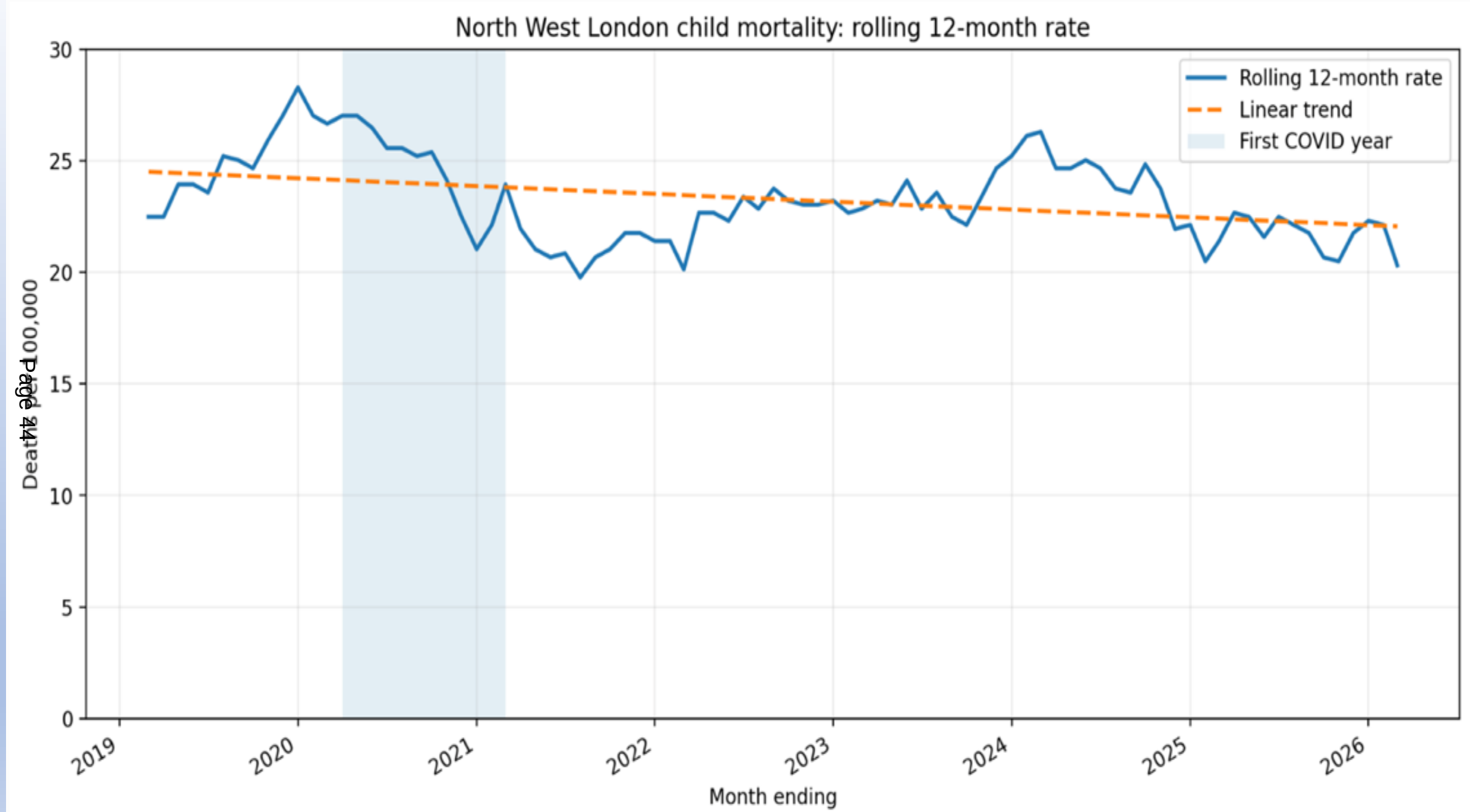
November 2026

# 2026 Annual Report – Some Headlines

- Since 2019,  child and infant mortality has declined by 9.7%.
- In 2025- 6 NWL convened 16 panels
  - reviewing  117 cases  (37 fewer than 2024-5)
- Convened a JAR in 45% of cases
- The largest group of cases involved babies under 28 days.
- More than half of all cases involve peri natal or chromosomal events.
  - These cases have increased from 44% ( 2022) to 57% (2026)

# More Headlines

- NWL has a higher proportion of children in its population than England as a whole.
- NWL is much more diverse than England, is roughly the same as London but has a significantly higher Asian / Asian British population.
- It has more deprived communities than London as a whole
  - Slightly more children die in deprived communities than in less deprived communities
- Since 2022 there has been significant ethnicity changes in cases reviewed with  the proportion of Asian cases (up) , white (down) and mixed (up).


North West London child mortality: rolling 12-month rate
Rolling 12-month rate
Linear trend
First COVID year
Deaths per 100,000
Month ending
0
5
10
15
20
25
30
2019
2020
2021
2022
2023
2024
2025
2026

# Population by age group, 2025

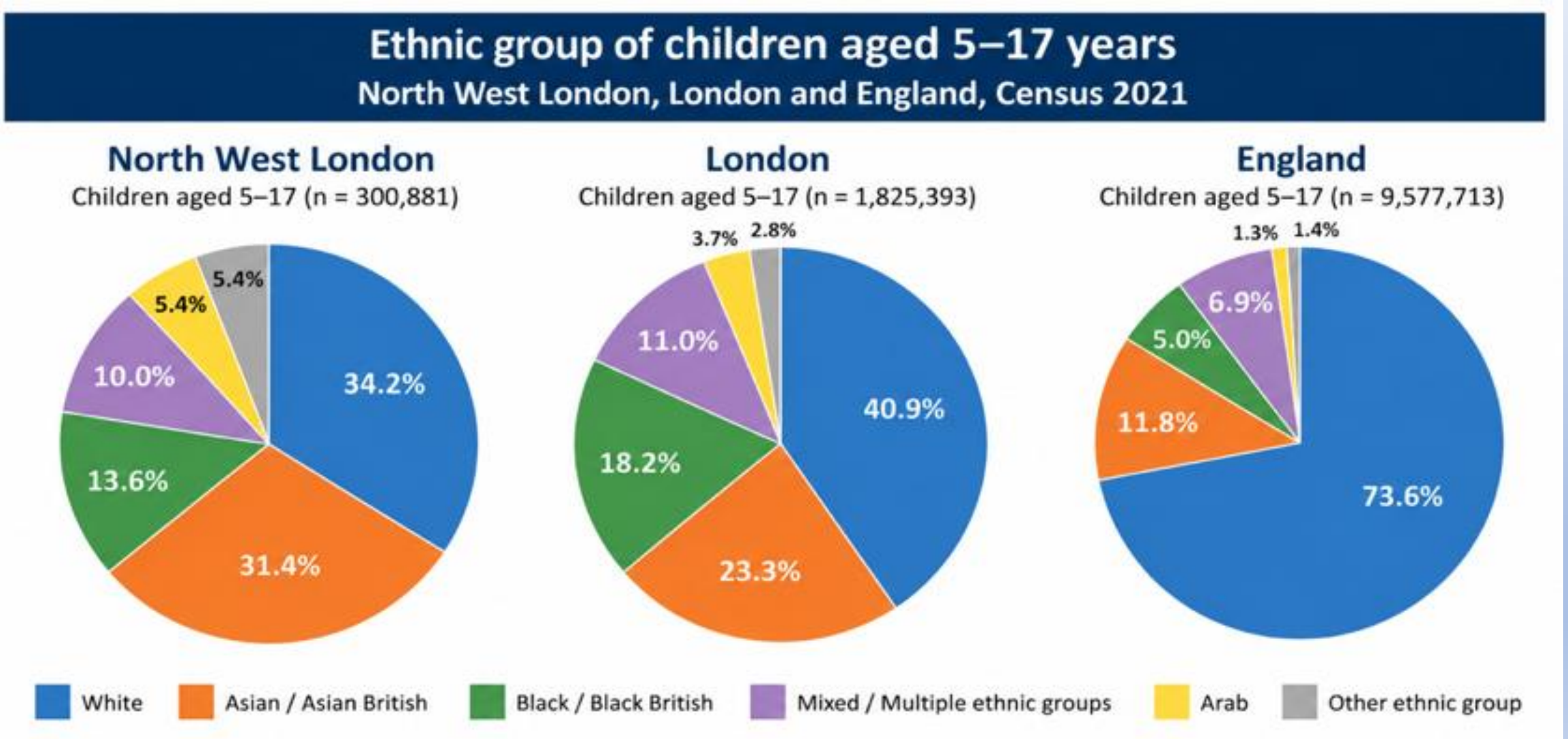
## North West London, London and England

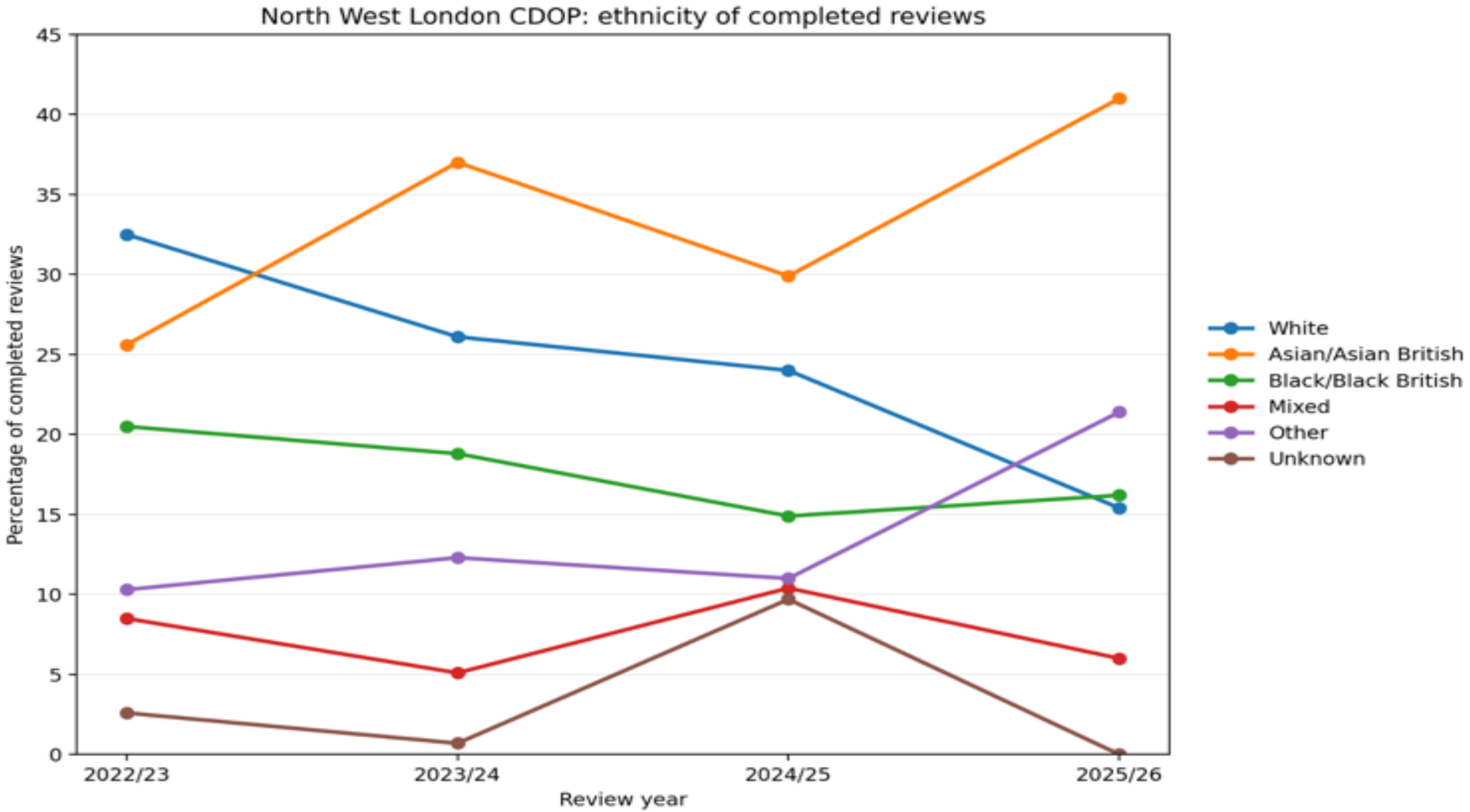
(percentage of total population)




| | | | |
|---|---|---|---|
| Total % aged | 19.3% | 20.4% | 17.9% |

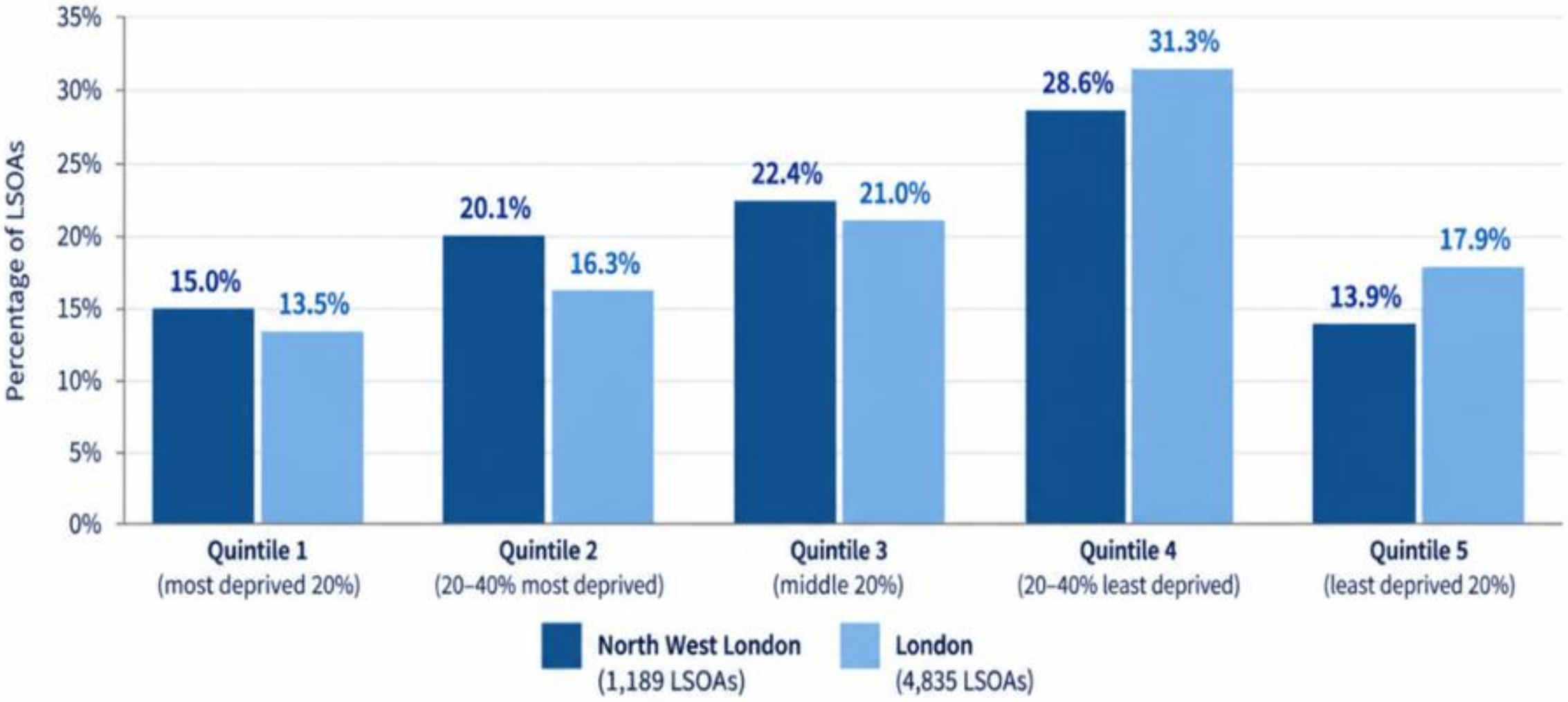
# Race and Ethnicity



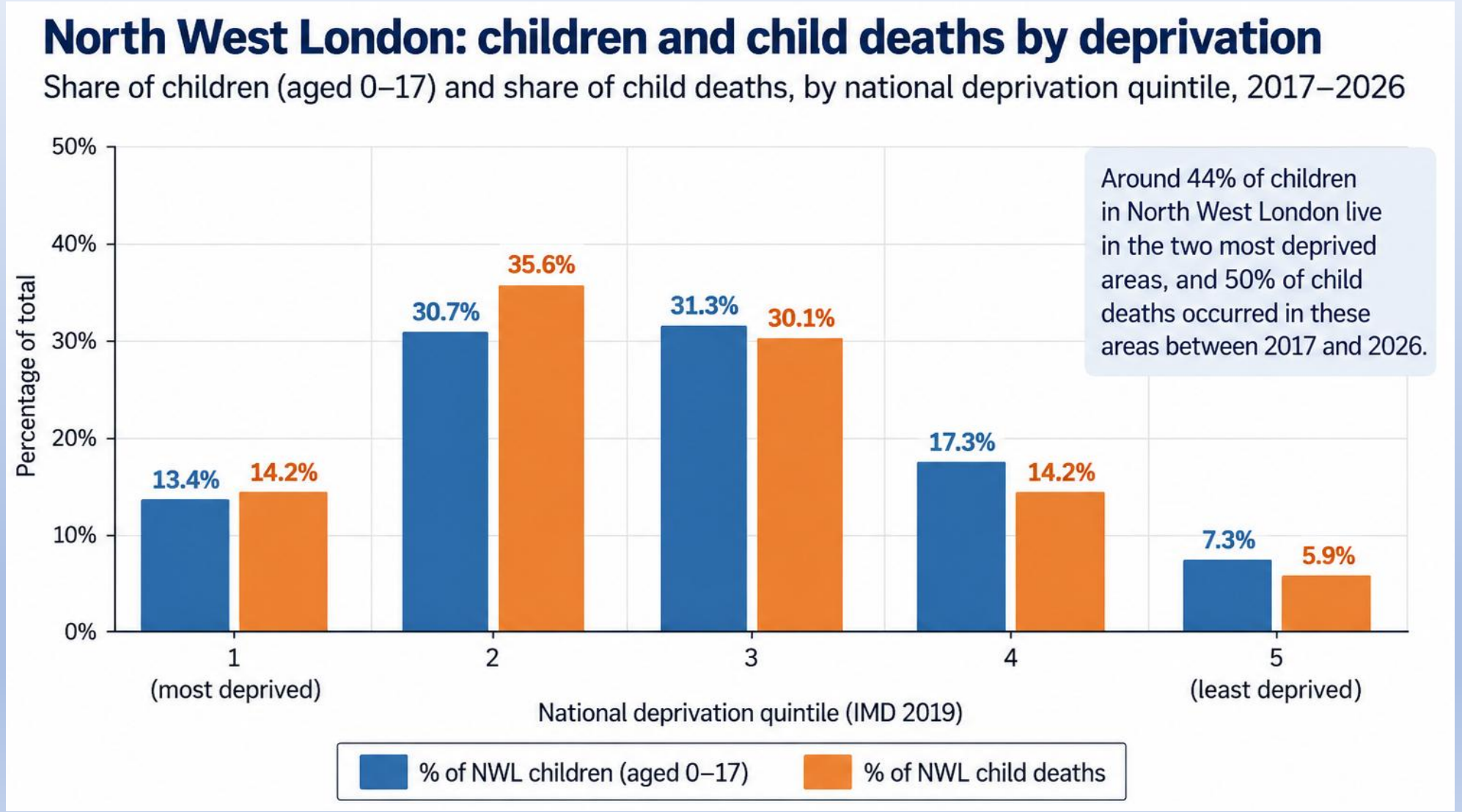

North West London CDOP: ethnicity of completed reviews
Percentage of completed reviews
45
40
35
30
25
20
15
10
5
0
2022/23
2023/24
2024/25
2025/26
Review year
White
Asian/Asian British
Black/Black British
Mixed
Other
Unknown

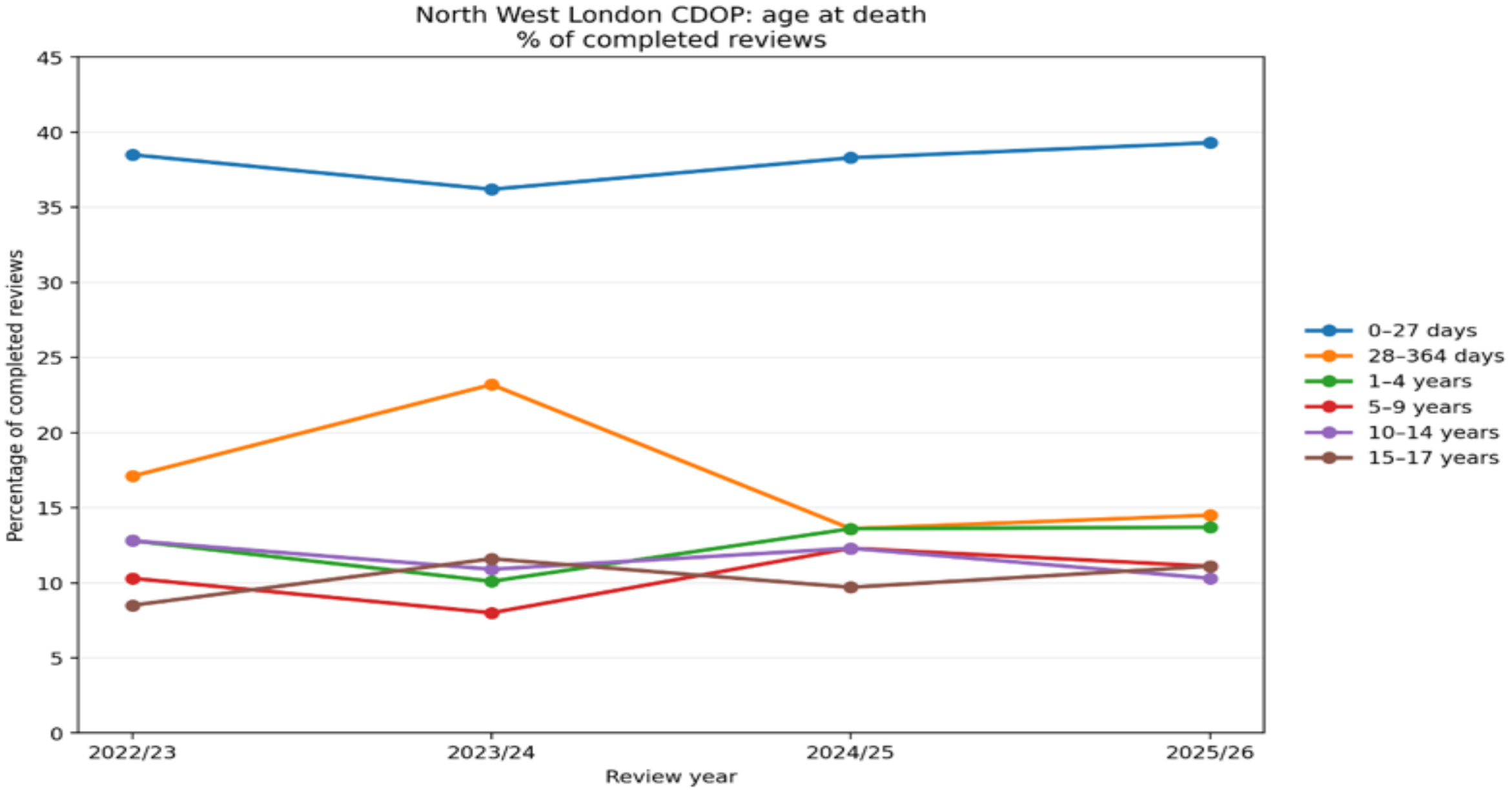
# Deprivation in North West London compared with London

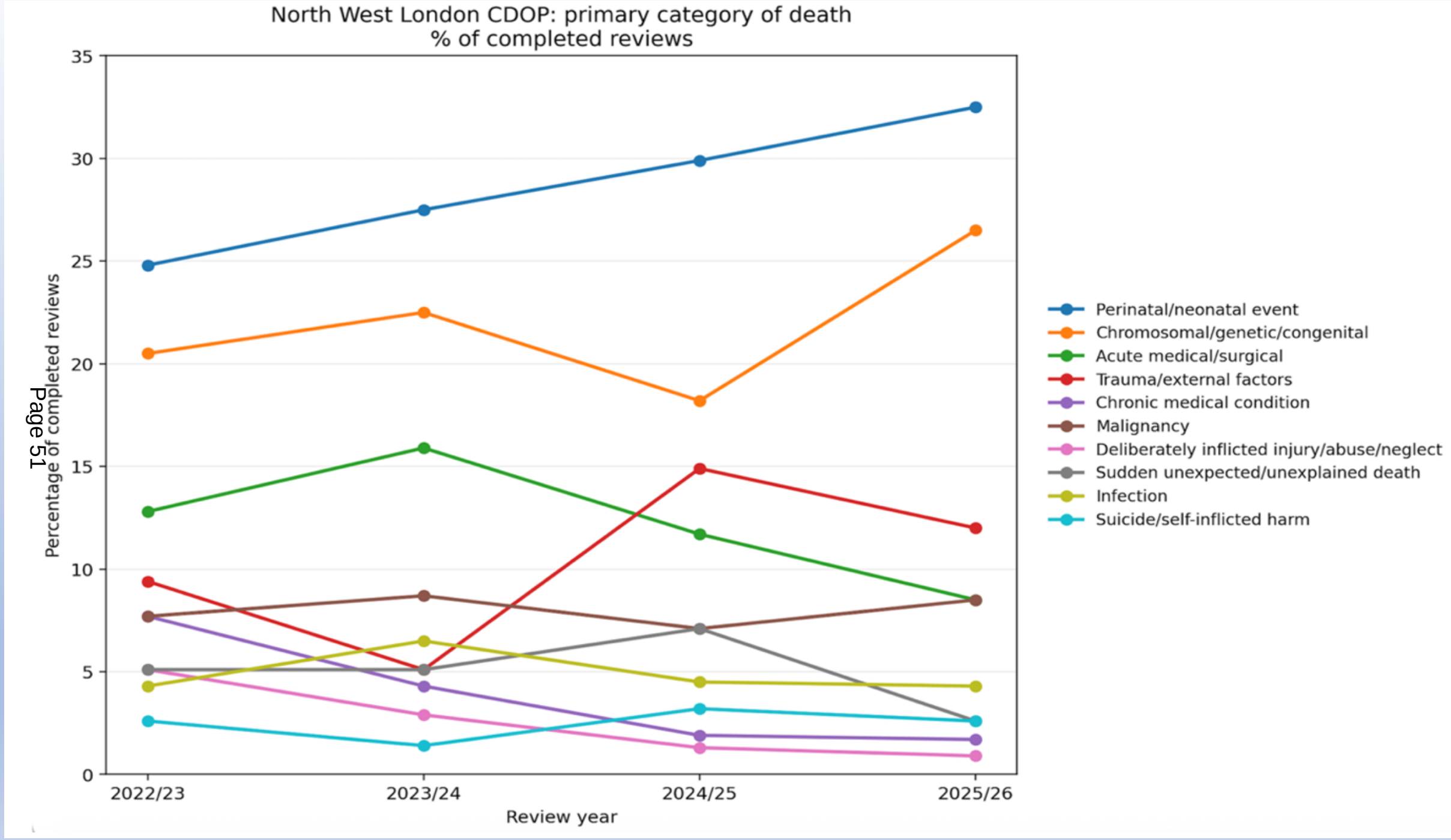
Proportion of Lower Layer Super Output Areas (LSOAs) in each national deprivation quintile, IMD 2025



# Deprivation and Child Death



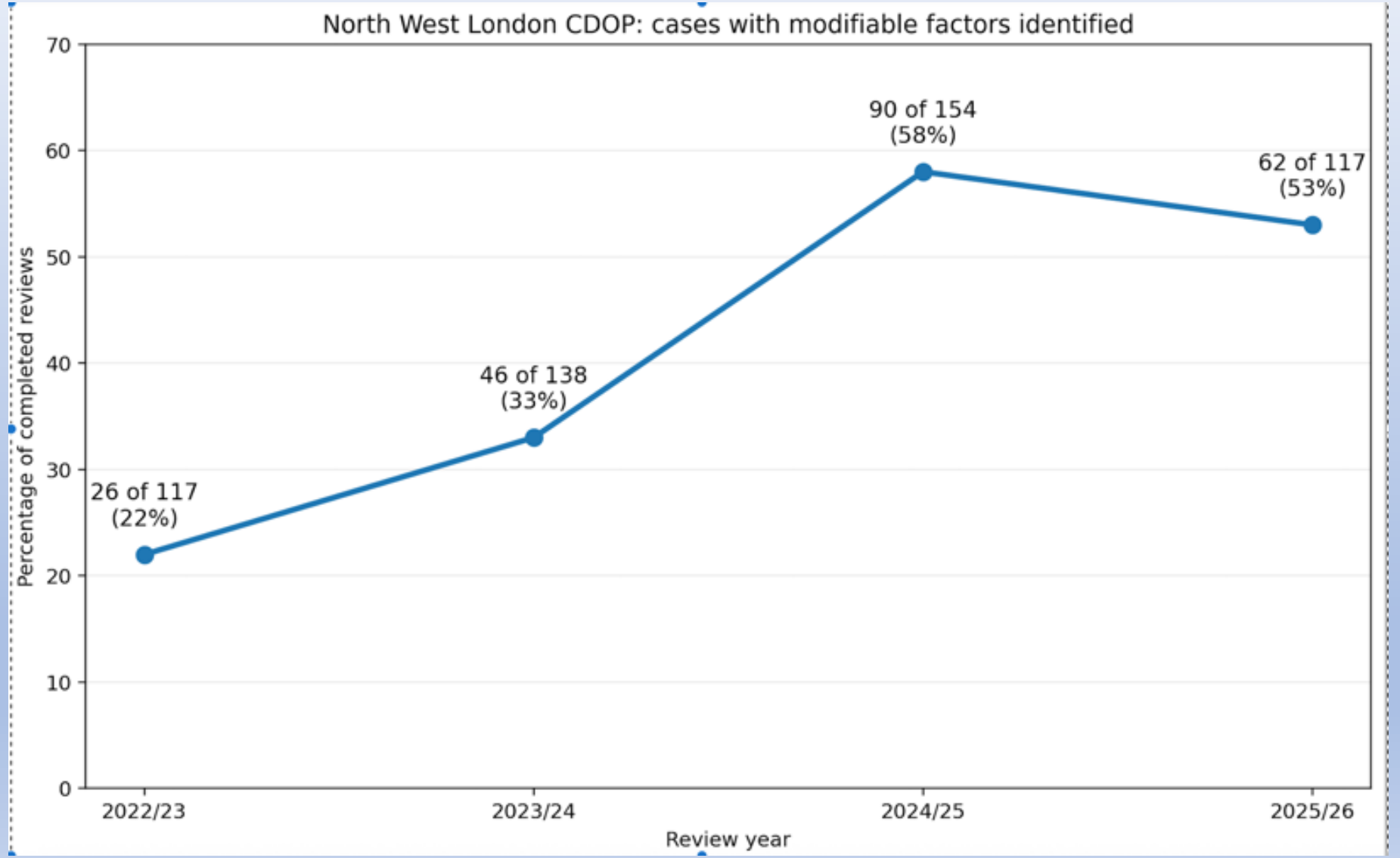

North West London CDOP: age at death
% of completed reviews
Percentage of completed reviews
45
40
35
30
25
20
15
10
5
0
2022/23
2023/24
2024/25
2025/26
Review year
0–27 days
28–364 days
1–4 years
5–9 years
10–14 years
15–17 years


North West London CDOP: primary category of death
% of completed reviews
Percentage of completed reviews
35
30
25
20
15
10
5
0
2022/23
2023/24
2024/25
2025/26
Review year
Perinatal/neonatal event
Chromosomal/genetic/congenital
Acute medical/surgical
Trauma/external factors
Chronic medical condition
Malignancy
Deliberately inflicted injury/abuse/neglect
Sudden unexpected/unexplained death
Infection
Suicide/self-inflicted harm

| Completed CDOP Reviews by Local Authority | | | |
|---|---|---|---|
| **Local Authority** | **2024** | **2025** | **2026** |
| Westminster | 17 | 10 | 14 |
| Kensington and Chelsea | 5 | 24 | 1 |
| Hounslow | 16 | 23 | 19 |
| Hillingdon | 22 | 20 | 16 |
| Harrow | 23 | 15 | 11 |
| Hammersmith & Fulham | 12 | 12 | 14 |
| Ealing | 22 | 27 | 17 |
| Brent | 21 | 23 | 25 |
| **Total** | **138** | **154** | **117** |

| Year | Death Notifications | JARs Held | Percentage |
|---|---|---|---|
| 2019-20 | 150 | 25 | 17% |
| 2020-21 | 131 | 25 | 19% |
| 2021-22 | 117 | 30 | 25% |
| 2022-23 | 145 | 58 | 40% |
| 2023-24 | 144 | 55 | 38% |
| 2024-25 | 126 | 52 | 41% |
| 2025-26 | 145 | 66 | 45% |

# Modifiable Factors



# Some Findings from CDOP Neonatal Panels (7)

- CTG Monitoring
- Use of Interpreters
- Genetic Counselling
- Thermal Management



# Medical and Palliative Panels (5)

- Communication with families.
- Healthcare engagement and treatment adherence.
- International treatment pathways and travel abroad.
- Advance care planning and RESPECT documentation.
- Supporting children with highly complex healthcare needs.



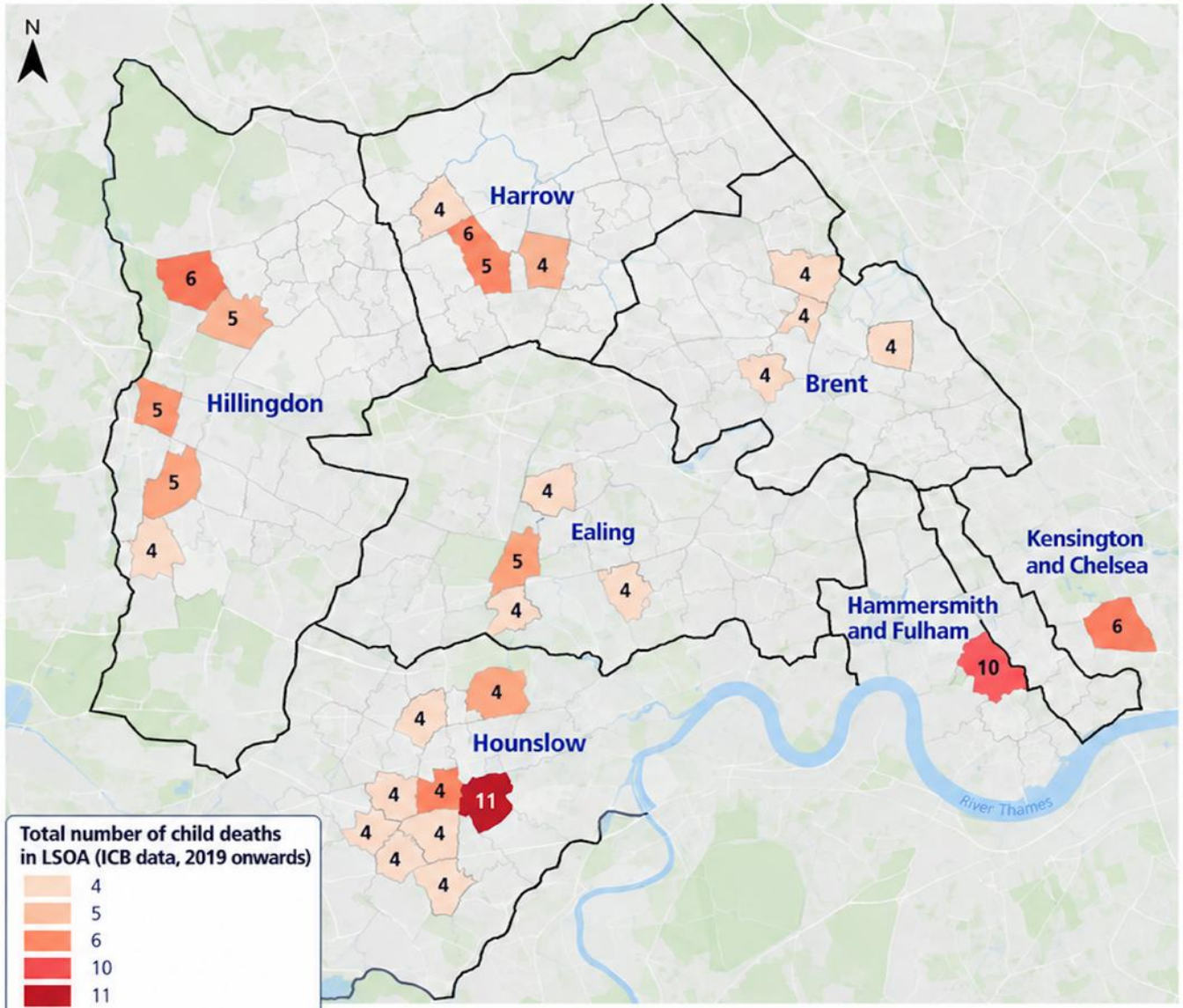
# SUDIC and Trauma Panels (4)

- Child supervision and environmental safety.
- Safer sleep and injury prevention.
- Interpreter use and effective communication.
- Serious youth violence and exploitation.
- Multi-agency information sharing.
- Investigation processes following sudden and unexpected child deaths.



# LSOAs in North West London with 4 or more child deaths

Total number of child deaths in each LSOA (NWL ICB data, 2019 onwards)




| LSOA code | Borough | Child deaths |
|---|---|---|
| E01002681 | Hounslow | 11 |
| E01001876 | Hammersmith and Fulham | 10 |
| E01002529 | Hillingdon | 6 |
| E01002912 | Kensington and Chelsea | 6 |
| E01002650 | Hounslow | 6 |
| E01002181 | Harrow | 6 |
| E01002130 | Harrow | 6 |
| E01002457 | Hillingdon | 5 |
| E01002525 | Hillingdon | 5 |
| E01002626 | Hounslow | 5 |
| E01002238 | Harrow | 5 |
| E01002401 | Hillingdon | 5 |
| E01001366 | Ealing | 5 |
| E01002662 | Hounslow | 4 |
| E01002638 | Hounslow | 4 |
| E01002615 | Hounslow | 4 |
| E01002641 | Hounslow | 4 |
| E01002620 | Hounslow | 4 |
| E01002634 | Hounslow | 4 |
| E01002629 | Hounslow | 4 |
| E01002397 | Hillingdon | 4 |
| E01002118 | Harrow | 4 |
| E01001373 | Ealing | 4 |
| E01000498 | Brent | 4 |
| E01001215 | Ealing | 4 |
| E01000549 | Brent | 4 |
| E01001326 | Ealing | 4 |
| E01000591 | Brent | 4 |
| E01002114 | Harrow | 4 |
| E01000633 | Brent | 4 |
| E01002203 | Harrow | 4 |
| E01000638 | Brent | 4 |
| E01000477 | Brent | 4 |

Map shows Lower Layer Super Output Areas (LSOAs) in North West London with 4 or more recorded child deaths, based on North West London ICB data from 2019 onwards. Numbers indicate the total child deaths in each LSOA.

Source: North West London ICB child death data (2019 onwards) | LSOA boundaries: ONS, 2021 | Map produced for illustrative purposes only.